PATENT APPLICATION TRANSMITTAL LETTER (Large Entity)					111	et No. 199	PT0	
TO THE COMMISSIONER FOR PATENTS								22278 U.S. 10/7018
Transmitted herewith for filing under 35 U.S.C. 111 and 37 C.F.R. 1.53 is the patent application of:								10/
Colin Ford and Raymond Spivey								
For: COMBINATION SHIPPING CARTON AND TWIN DISPENSER BOXES								
Enclosed are:								
 ☑ Certificate of Mailing with Express Mail Mailing Label No. ☑ 6 sheets of drawings. 								
☐ A certified copy of			application.					
 ☑ Declaration ☑ Power of Attorney 	Signed.	Unsigned.						
☑ Power of Attorney☐ Information Disclo								
☐ Preliminary Amen								
☑ Other: specification		ract, assignment,	, transmittal l	letter, po	stcard, auth	orization for dep	osit.	
	4.7							
CLAIMS AS FILED								
For	#Filed	#Allowed	#Extra		Rate		Fee	
For Total Claims	#Filed	#Allowed	#Extra	x	Rate \$18.00			\$0.00
		T	1	x			\$	
Total Claims	20	- 20 =	0		\$18.00		\$ \$25	\$0.00
Total Claims	20	- 20 =	0 3		\$18.00	BASIC FEE	\$ \$25	\$0.00 52.00
Total Claims	20	- 20 =	0 3		\$18.00 \$84.00	BASIC FEE FILING FEE	\$ \$25	\$0.00 52.00 \$0.00 50.00
Total Claims	20 6 Claims (check if	- 20 = - 3 = f applicable)	0 3	x	\$18.00 \$84.00 TOTAL		\$25 \$ \$	\$0.00 52.00 \$0.00 50.00
Total Claims Indep. Claims Multiple Dependent C	20 6 Claims (check if	- 20 = - 3 = fapplicable)	0 3	x g fee is e	\$18.00 \$84.00 TOTAL enclosed.		\$25 \$ \$	\$0.00 52.00 \$0.00 50.00
Total Claims Indep. Claims Multiple Dependent C A check in the ame The Director is her as described below	20 6 Claims (check if ount of reby authorized	- 20 = - 3 = fapplicable) to control to charge and control to charge and control to control to charge and c	0 3 over the filing redit Deposit	x g fee is e	\$18.00 \$84.00 TOTAL enclosed.	FILING FEE	\$25 \$ \$	\$0.00 52.00 \$0.00 50.00
Total Claims Indep. Claims Multiple Dependent C □ A check in the ame □ The Director is here as described below □ Charge th	20 6 Claims (check if ount of reby authorized w. e amount of	- 20 = - 3 = fapplicable) to control to charge and control to charge and control to control to charge and c	0 3	x g fee is e	\$18.00 \$84.00 TOTAL enclosed.	FILING FEE	\$25 \$ \$	\$0.00 52.00 \$0.00 50.00
Total Claims Indep. Claims Multiple Dependent C ☐ A check in the ame ☑ The Director is her as described below ☑ Charge th ☑ Credit any	20 6 Claims (check if ount of reby authorized w. e amount of y overpayment.	- 20 = - 3 = f applicable) [to control to charge and control to	over the filing redit Deposit s filing fee.	g fee is e	\$18.00 \$84.00 TOTAL enclosed.	FILING FEE	\$25 \$ \$	\$0.00 52.00 \$0.00 50.00
Total Claims Indep. Claims Multiple Dependent C ☐ A check in the ame ☑ The Director is her as described below ☑ Charge th ☑ Credit any ☑ Charge ar	20 6 Claims (check if ount of reby authorized w. e amount of y overpayment. ny additional filir	- 20 = - 3 = fapplicable) to control to charge and control to charge and control to control to charge and c	over the filing redit Deposit s filing fee.	g fee is e Account	\$18.00 \$84.00 TOTAL enclosed.	FILING FEE 18-1460	\$25 \$ \$	\$0.00 52.00 \$0.00 50.00
Total Claims Indep. Claims Multiple Dependent C A check in the ame The Director is her as described below Charge th Credit any Charge ar Charge th	20 6 Claims (check if ount of reby authorized w. e amount of y overpayment. ny additional filir	- 20 = - 3 = fapplicable) [to control charge and charge and control charge and char	over the filing redit Deposit s filing fee.	g fee is e Account	\$18.00 \$84.00 TOTAL enclosed.	FILING FEE 18-1460	\$25 \$ \$	\$0.00 52.00 \$0.00 50.00
Total Claims Indep. Claims Multiple Dependent Co A check in the ame The Director is her as described below Charge th Credit any Charge ar Charge th pursuant t	20 6 Claims (check if ount of reby authorized w. e amount of y overpayment. ny additional filir e issue fee set i	- 20 = - 3 = to control to control to charge and control to char	over the filing redit Deposit s filing fee.	g fee is e Account	\$18.00 \$84.00 TOTAL enclosed.	FILING FEE 18-1460	\$25 \$ \$	\$0.00 52.00 \$0.00 50.00
Total Claims Indep. Claims Multiple Dependent C A check in the ame The Director is her as described below Charge th Credit any Charge ar Charge th	ount of reby authorized w. e amount of voerpayment. hy additional filine issue fee set it to 37 C.F.R. 1.3	- 20 = - 3 = to control to control to charge and control to char	over the filing redit Deposit s filing fee.	g fee is e Account	\$18.00 \$84.00 TOTAL enclosed.	FILING FEE 18-1460	\$25 \$ \$	\$0.00 52.00 \$0.00 50.00

Date of Deposit:

It hereby certify that this excressoralismos is being deposited with the United States Postal Sendes "Express Mell-Post Office to Addressed" sorvice under 37 CFR 1.50 on the date indicated above and is addressed to the Commissioner of Pasents and Teaternatis, Westington, D.C. 20231.

and a section and the section of the

Graphic Packaging International, Inc. 814 Livingston Court Marietta, Georgia 30067 (770) 644-3228

(770) 644-2929 (Fax)

Reg. No. 26,203

cc: